

BECKY DORNER & ASSOCIATES CONSULTING SERVICES, INC.

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T.B. SCREENING / MANTOUX TEST

Name: _____

Date Given: _____ Signature: _____

Date Read: _____ Signature: _____
(48 hours after dose)

(+) Significant: _____ 10 mm or greater
Inconclusive: _____ 5-9 mm
(-) Non-significant: _____ 0-4 mm

Date Given: _____ Signature: _____
(7 days after first dose if negative reading)

Date Read: _____ Signature: _____
(48 hours after dose)

(+) Significant: _____ 10 mm or greater
Inconclusive: _____ 5-9 mm
(-) Non-significant: _____ 0-4 mm